# ` Fo≀m Department of the Treasury Internal Revenue Service

PUBAMEND 10/21/2010 9 37 AM

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

	For the 20	09 calendar v	ear, or tax year beginning , and ending			
_	Check if applic		C Name of organization PUBLIC ADVOCATE OF THE		D Emplo	oyer identification number
	Address chang	LIEA IDS	UNITED STATES	] '	o Empi	yer identification number
	•	label or			52-	1112449
Ш	Name change		Doing Business As			
	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address)  Room/	suite	•	none number
$\overline{\Box}$	Termination	Specific	5613 LEESBURG PIKE 17			3-845-1808
	Terrimanon	Instruc-	City or town, state or country, and ZIP + 4	<u> </u>	G Gross rece	eipts 1,378,199
Ш	Amended retu	m <b>tions</b> .	FALLS CHURCH VA 22041-2912			
	Application per	nung 1	e and address of pnncipal officer		H(a) Is this	a group return for
			GENE DELGAUDIO	1.	affiliate	
			13 LEESBURG PIKE STE 17		H(b) Are all include	ed? Yes No
			LLS CHURCH VA 22041-2912		If "No,"	* attach a list. (see instructions)
1	Tax-exemp	t status X	501(c) ( <b>4</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527			
J_	Website.	www.j	oublicadvocateusa.org		H(c) Group	exemption number N/A
ĸ	Type of organ	ızatıon X Co	poration Trust Association Other ▶ L Year of fo		78	M State of legal domicile DC
P	art I	Summa	ry			
	1 Brie	fly describe i	he organization's mission or most significant activities			
Ф	r	MPROVEM	ENT OF GOVERNMENTAL INSTITUTIONS AND PROCESSES			
2	T	'HROUGH				
Ē						
Ş	2 Che	ck this box	If the organization discontinued its operations or disposed of more than 25% of	ts net asse	ats.	
Ö	,		members of the governing body (Part VI, line 1a)			4
Š	1		endent voting members of the governing body (Part VI, line 1b)		4	3
įįį	1		employees (Part V, line 2a)		5	4
Activities & Governance	1		volunteers (estimate if necessary)		6	
⋖			ated business revenue from Part VIII, column (C), line 12		7a	
		-	siness taxable income from Form 990-T, line 34		7b	0
_	Diver	unicialed bu	Siness taxable income from 1 only 550-1, line 54	Pnor Year		Current Year
•	8 Con	tributions an	d grants (Part VIII, line 1h)	1,310		1,276,232
Ĭ			revenue (Part VIII, line 2g)			
Revenue		-	ne (Part VIII, column (A), lines 3, 4, and 7d)		19	65
ď			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89	,440	101,902
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,400		1,378,199
	13 Gra	nts and simil	ar amounts paid (Part IX, Folumn Actimes 1-3) ED		,075	1,050
	14 Ben	efits paid to	or for members (Part IX, column (A), line ()			
s		-	ompensation, employee benefits (Part IX, column (A), lines 5-10)	59	,034	82,711
benses	16a Prof	essional fund	traising fees (Part IX, column (A)NG4/11) 5 2010			
per			expenses (Part IX, column (ft)) line 25)			
Ä	17 Othe	er expenses	Part IX, column (A), lines 11a-13, 32-24, UT.	1,342	.483	1,372,750
	18 Tota	al expenses	Add lines 13–17 (must equal Partic Column (A), line 25)	1,403		1,456,511
		•	penses Subtract line 18 from line 12		,164	-78,312
5 8				ning of Curre		End of Year
Net Assets or Fund Balances	<b>20</b> Tota	al assets (Pa	t X, line 16)	138	,153	59,841
åğ Bğ	21 Tota	al liabilities (F	art X, line 26)			
<u> Ž</u>	22 Net	assets or fur	d balances Subtract line 21 from line 20	138	,153	59,841
<u>P</u>	art II	Signatu	e Block			
		Under penal	of penjury, I declare that I have examined this return, including accompanying schedules and sta	atements, an	d to the be	st of my knowledge
		and belief it	is true, correct, and complete Declaration of preparer (other than officer) is based on all information	n of which pro	•	
Sig		<u> </u>	uges belgano	_	No	V 9 2010
He	re		re of o <b>ffic</b> er <i>O</i>		Date	
		EU	GENE DELGAUDIO PRESIDEN	T		
		Type or	pnnt name and title			
_	<u>.</u> ]	Preparer's	Date	Check if		Preparer's identifying number (see instructions)
Pai -		signature	10-21-10	self- employe	d ▶ X	(acc manachona)
	parer's	Firm's name	NELSON I. CASTNER CPA		EIN D	
Us	Only	Phone	<del></del>			
		if self-employ address, and			703-256-3920	
Vlav	the IRS d	ISCUSS this re	turn with the preparer shown above? (see instructions)		110	Yes No
			work Poduction Act Nation and the compacts instructions			Tes     NO

#### Form 990 (2009) PUBLIC ADVOCATE OF THE

Part III Statement of Program Service Accomplishment
--

Bnefly describe the organization's mission

	NT OF GOVERNME	NTAL INSTITUTIONS ON	S AND PROCESSES	S			
the prior Form 9		nt program services during the year	ar which were not listed on	·	Yes	s X	No
3 Did the organiza services?	ition cease conducting, or m	ake significant changes in how it o	conducts, any program		Ye	s <b>X</b>	No
·	e these changes on Schedu						
		for each of the organization's three		·			
, , ,		s and section <b>4</b> 947(a)(1) trusts and revenue, if any, for each program	•	nt or grants and			
anocations to oth	ners, the total expenses, and	revenue, il ally, loi each piografi	i service reported				
INFORMATIC SUPPORTERS PRINTED NO SURVEYS. 'S POLICY ISS UNITED STA PUBLIC FOR MAKES AVA:	VOCATE OF THE ON USING REGUI S AND THE GENE EWSLETTERS AND THE ORGANIZATI SUES THAT ARE ATES. PUBLIC RUMS, SPEAKING	983,803 including grants of UNITED STATES DISTANCES AND CONTROLL THROUGH FOR THE PROPERTY OF T	SSEMINATES COMMUNICATIONS GH BULLETINS AN CS SELECTED THE ENTARIES ON PUT IA THROUGHOUT TO S NEWS CONFEREN REET THEATRE, A	ND ROUGH POLLS BLIC THE NCES,	AND		)
4b (Code	) (Expenses \$	including grants o	of \$	) (Revenue \$			)
4c (Code	) (Expenses \$	including grants o	f \$	) (Revenue \$			)
4d Other program s	ervices (Describe in Schedi	ule O )					
(Expenses \$		cluding grants of \$	) (Revenue \$		,		
4e Total program s		983,803	) (Nevenue 4				

	art IV Checklist of Required Schedules			age .
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		L
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
_	complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			٠,
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			<b>.</b>
11	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
••	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	<del></del>		$\vdash$
	Schedule D, Part VI			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			ĺ
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			İ
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ŀ
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			ļ
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_ 13		X
1 <b>4</b> a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
	If "Yes," complete Schedule G, Part III	19		х
	n 100, complete conteguie O <sub>1</sub> 1 att III	1 17		_ AN

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	1 990 (2009) PUBLIC ADVOCATE OF THE 52-1112449	_	P	age 4
<u> Pa</u>	art IV Checklist of Required Schedules (continued)	<del></del>		
04	Dallie arrange to a section of the OC 000 for all the section of t		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			<b>.</b>
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		l	
	employees? If "Yes," complete Schedule J	23_	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	<b>24</b> a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25</b> a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	х	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		_	
-	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
<b>2</b> 9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	30		<del>  **</del>
<b>~</b> .	Die the organization liquidate, terminate, or dissolve and sease operations? If Tes, complete scriedule N,	1	1	1

Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2009)

X

X

X

X

X

X

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4.	Enter the number reported in Day 2 of Form 4000 Annual Commence and Transmitted of					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	4-	23				
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b	0		┨		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re				┨		
٠	gaming (gambling) winnings to prize winners?	portable	e		4.	x	ŀ
<b>2</b> a		1			1c		
Lu	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	-	•		2ъ	x	1
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see						$\vdash$
	instructions)						
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by					
	this return?	,			<b>3</b> a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir		-,				
	account)?				4a		x
b	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank					
	and Financial Accounts						
<b>5</b> a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				<b>5</b> a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	ardıng					
	Prohibited Tax Shelter Transaction?				<b>5</b> c		
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e					
	organization solicit any contributions that were not tax deductible?				<b>6</b> a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or					
	gifts were not tax deductible?				6b	X	
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods					
	and services provided to the payor?				7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS					
	required to file Form 8282?	( I			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d			-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	l		l _		
	benefit contract?	10			7e		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property, did the organization file Form 8899 as required?				7f		
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0				7g		
	required?	, a3			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				<del>  '"  </del>		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
	organization, have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
0	Section 501(c)(7) organizations. Enter	_					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10ь					
1	Section 501(c)(12) organizations. Enter			- <del></del>			
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them )	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form				12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					!

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed? 4 X 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, CA, CT, FL, IL, KS, KY, ME, MA, MD, MS 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > EUGENE DELGAUDIO 5613 LEESBURG PIKE STE 17

VA 22041-2912 703-845-1808

FALLS CHURCH

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trust**ees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition		C) k ali	that a	ipply)		(E) Reportable	(F) Estimated
	hours per week	or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
EUGENE DELGAUDIO										
PRES/DIRECTO	30.00	X		X				0	0	0
PAUL SERRANO								_		
SECY/DIRECTO	1.00	X	<u> </u>	X	<u> </u>	<u> </u>	ļ	0	0	0
STEPHEN MIROY								_	_	_
TREAS/DIRECT	1.00	X	<u> </u>	X	<u> </u>	_	<u> </u>	0	0	0
MARK CLAYTON	1 00				Ì					_
DIRECTOR	1.00	X	┢		┢	╁		<u>0</u>	0	0
		╁─	╁	-	├	$\vdash$				
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					$\vdash$		H			
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		stees	s, Ke			yee	s, ar	nd Highest Compensated	Employees (continued)				
(A) Name and Title	(B) Average	Pos	ition (		C) k all 1	that a	pply)	(D) Reportable	(E) Reportable	<sub>E</sub>	(F) stima		
	hours per week	Individual trustee or director	_	Officer	Key employee	Highest compensated employee			compensation from related organizations (W-2/1099-MISC)	a con f org ar	moun othe mpens from ti ganiza nd rela ganiza	et of er sation he ation ated	
						_ <u>a</u>	ļ						
												_	
												_	
		-											
1b Total	<u> </u>							0	0	<u> </u>		0	
2 Total number of individuals (in	cluding but not li	mıte	d to	thos	e list	ted a	bov		\$100,000 in				-
reportable compensation from	the organization	<b>&gt;</b>	0				_				<del></del>	1	
3 Did the organization list any fo employee on line 1a? If "Yes,"								oyee, or highest compensat	ted		3	Yes	No X
For any individual listed on line the organization and related or individual	1a, is the sum	of re	porta	able	com	pens	atio				4	-	х
5 Did any person listed on line 1 services rendered to the organ	ization? If "Yes,"								r		5	х	
Section B. Independent Contractor  Complete this table for your five	e highest compe	ensa	ted 1	nder	end	ent c	onti	ractors that received more	than \$100.000 of				
compensation from the organiz	zation (A) business address									<del></del>		(C)	
Name and CONSOLIDATED MAILING					504	SF	AW	Descrip T RD STE 206	(B) tion of services		Cor	(C) npensat	ion
STERLING				<u> 66-</u>	-94	137	E	RINTING & MAI				280	,268
EUGENE DELGAUDIO & A FALLS CHURCH	VA			11-	-29	12	M	MANAGEMENT	17 			171	,606
SABER COMMUNICATIONS FALMOUTH		22	24(					INGTON ST IAILING COORD		$\rightarrow$		123	,027
	<del> </del>						ļ				<del>.</del>		
2 Total number of independent of						ed to	thos	se listed above) who receiv	red				
more than \$100,000 in comper	isation nom the	orga	<u>ıııız</u> a	nou						I	3		

Form 990 (2009) PUBLIC ADVOCATE OF THE

s s							(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
र र							Total revenue	exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
	1a	Federated car	nnaions	1a				TOTOTIGE		312, 310, 01 314
E I	h	Membership d		1b						
ള		Fundraising ev		1c	_					
ž į	ي ر	=			<u>.</u>					
Pie Pie	a	Related organ		1d						
Siz	e	Government grants	•	1e						
the t	T	All other contribution and similar amounts		1f	1,27	6,232				
Contributions, gifts, grants and other similar amounts	g	Noncash contributio	ns included in lines 1a-							
	h	Total. Add line	s 1a–1f			<b>•</b>	1,276,232			=
Program Service Revenue					Bu	sn Code				
ž.	<b>2</b> a									
8	b									
<u>ş</u>	С									
ğ	d									
Ē	е									
g	f	All other progr	am service reve	nue						
P		Total. Add line								
$\dashv$	3		come (including	duudond	e interest	and				
	3			ulviueliu:	5, 111161651, 6	aliu _	65			65
		other similar a					- 65			85
	4		rvestment of tax	-exempt	bona proce	eds -	101 000			101 000
	5	Royalties				<b>P</b>	101,902			101,902
			(ı) Real		(II) Perso	nal				
	6a	Gross Rents								
	b	Less rental exps								
ļ	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			•				
	7a	Gross amount from	(ı) Secunties	5	(ii) Othe	er				
		sales of assets other than inventory								,
	b	Less cost or other								-
	_	basis & sales exps								
		Gain or (loss)								
		Net gain or (loss)				<b>•</b>				
	d	_			•					
nue	68		om fundraising eve	nis		<u> </u>				
ē		(not including \$								
ģ			eported on line 1c)	)			İ			
-		See Part IV, line		a						
Other Reve		Less direct ex	•	b L						
٦			(loss) from fund		events	<b>•</b>				
	<b>9</b> a	Gross income fro	om gaming activitie	s						
		See Part IV, line	19	a						
	b	Less direct ex	penses	ь				•		
	С	Net income or	(loss) from gam	ing activ	rities	•				
			inventory, less	Ī						
П		returns and all		a						
	h	Less cost of g		ь						
1		_		~ ∟	nton					
1	C		(loss) from sale			n. Code				
- }	44-	IVIISCE		•	- Dus	J.I. Code				
	11a									
	b				<u> </u>					
	С									
Ī		All other reven			L					
	е	Total. Add line	s 11a–11d			▶ ∟				
	12	Total Revenue	e. See instruction	ns		<b>•</b>	1,378,199	O	0	101,967

Form 990 (2009)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and				
organizations in the U.S. See Part IV, line 21	1,050	1,050		
2 Grants and other assistance to individuals in				
the U.S. See Part IV, line 22				
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	76,814	30,102	16,610	30,10
8 Pension plan contributions (include section 401(k)				
and section 403(b) employer contributions)				
9 Other employee benefits	E 007	0.000	4 000	
10 Payroll taxes	5,897	2,309	1,279	2,30
11 Fees for services (non-employees)	163,944	EA CAS	E4 C40	E4 C4
a Management	18,619	54,648 3,717	54,648	7,26
b Legal	40,500	3,111	7,633	1,26
c Accounting d Lobbying	40,500		40,500	
e Professional fundraising services See Part IV, line 17 f Investment management fees				
	57,776	48,699	2,644	6 12
g Other  12 Advertising and promotion	1,000	40,099	2,044	6,43 1,00
13 Office expenses	24,512	10,955	13,557	1,000
14 Information technology	24,312	10,955	13,337	<del></del>
I5 Royalties				· · · · · · · · · · · · · · · · · · ·
16 Occupancy	10,607		10,607	· · · · · · · · · · · · · · · · · · ·
17 Travel	10,681	9,613	1,068	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	4,848	4,848		<del></del>
20 Interest	8		8	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,191		1,191	
23 Insurance				
24 Other expenses Itemize expenses not				
covered above (Expenses grouped together				
and labeled miscellaneous may not exceed				
5% of total expenses shown on line 25 below )				
a PRINTING AND MAILING	392,961	312,286		80,67
b POSTAGE	390,855	310,612		80,24
c CREATIVE AND COORDINATING	129,658	103,039		26,61
d COMPUTER AND LIST MAINTEN	65,875	52,351		13,52
e CAGING AND ESCROW SERVICE	45,794	36,392	F 400	9,40
f All other expenses	13,921	3,182	5,189	5,550
Total functional expenses. Add lines 1 through 24f	1,456,511	983,803	154,934	317,77
66 Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs			′	
from a combined educational campaign and fundraising solicitation	1,080,274	863,379		216,89
M	-,000,213	303,313		Form <b>990</b> (200

Par	t X	Balance Sheet					raye ii
					(A) Beginning of year		(B) End of year
-	1	Cash—non-interest bearing			129,983	1	42,089
:	2	Savings and temporary cash investments				2	
;	3	Pledges and grants receivable, net		Γ		3	
4	4	Accounts receivable, net		Γ		4	
:	5	Receivables from current and former officers, directors, tr	rustees, key				
		employees, and highest compensated employees. Comp		ŀ			
		Schedule L			1,407	5	2,408
- 1 (	6	Receivables from other disqualified persons (as defined u	ınder section				
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Complete				
		Part II of Schedule L			4,003	6	11,713
	7	Notes and loans receivable, net		Ī		7	
Assets		Inventories for sale or use				8	
،   ۲	9	Prepaid expenses and deferred charges		r		9	
10		Land, buildings, and equipment cost or	Ī				
		other basis Complete Part VI of Schedule D	10a 7	,501			
- 1		Less accumulated depreciation	10b 5	,610	2,020	10c	1,891
1-		Investments—publicly traded securities		7		11	
1:		Investments—other securities See Part IV, line 11	<u> </u>		12		
1:		Investments—program-related See Part IV, line 11			13		
14		Intangible assets			14		
1:		Other assets See Part IV, line 11		-	740	15	1,740
10		Total assets. Add lines 1 through 15 (must equal line 34)		<u> </u>	138,153	16	59,841
1		Accounts payable and accrued expenses	·		150 / 155	17	
18		Grants payable				18	
19		Deferred revenue		<u> </u>		19	
20	-	Tax-exempt bond liabilities			··	20	
		Escrow or custodial account liability Complete Part IV of	Schodulo D	<b>—</b>		21	
e   2		Payables to current and former officers, directors, trustee:				-41	
≣   ~'		employees, highest compensated employees, and disqua	-			ĺ	
		persons Complete Part II of Schedule L	iiiieu	ļ		22	
<u>ا</u> ا		Secured mortgages and notes payable to unrelated third i	nadico	-		22	
24				⊢	-	23	
25		Unsecured notes and loans payable to unrelated third par Other liabilities Complete Part X of Schedule D	ues	-		24	
26		Total liabilities. Add lines 17 through 25				25	
		Organizations that follow SFAS 117, check here ► X				26	
8		complete lines 27 through 29, and lines 33 and 34.	anu				
		Unrestricted net assets			138,153	27	59,841
R   28		Temporarily restricted net assets		-	138,133		
5 2		Permanently restricted net assets		<b>⊢</b>		28	
5   "		Organizations that do not follow SFAS 117, check here	<b>.</b> □	-		29	
-							
5		and complete lines 30 through 34.					
2 30 2 31		Capital stock or trust principal, or current funds	6ad			30	
31		Paid-in or capital surplus, or land, building, or equipment t		-		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or o	otner tunas	-	120 152	32	E0 041
33		Total net assets or fund balances		-	138,153	33	59,841
<b>Z</b> 34	ł	Total liabilities and net assets/fund balances			138,153	34	59,841

59,841 Form **990** (2009)

orm	1 990 (2009) PUBLIC ADVOCATE OF THE 52-1112449		Pa	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
		_	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		İ	
	Schedule O		l	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<b>2</b> a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	<b>2</b> c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both		1	
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>
		For	n <b>990</b>	(2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization Employer identification number PUBLIC ADVOCATE OF THE UNITED STATES 52-1112449 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) **2**c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009

Dort VIII Investments Other Constitution Con Forms	HE	52-1112449	Page 3
Part VII Investments—Other Securities. See Form 9  (a) Description of security or category	190, Paπ X, line 12. (b) Book value	(c) Method of value	ation
(including name of security)	(b) Book Value	Cost or end-of-year mar	
Financial derivatives		, , , , , , , , , , , , , , , , , , , ,	
Closely-held equity interests			
Other			
			<del></del>
	_		
	_		
	_		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1		
Part VIII Investments—Program Related. See Form 9			
(a) Description of investment type	(b) Book value	(c) Method of valua	
		Cost or end-of-year mar	ket value
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		<del>-</del>	··································
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Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
			(b) Book value
	<u> </u>		
			<del></del>
			-
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line	25		
1 (a) Description of liability	(b) Amount	_	
Federal income taxes		_	
		_	
	<del> </del>	4	
	<del> </del>	4	
		4	
	<u> </u>	-	
		4	
		4	
		-{	
Total (Column /h) must oqual Farm 000 Part V and (D) I an 05 h		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			
<ol><li>FIN 48 Footnote In Part XIV, provide the text of the footnote to the orgogenization's liability for uncertain tax positions under FIN 48</li></ol>	amzation's financial stateme	ents that reports the	

	dule D (Form 990) 2009 PUBLIC ADVOCATE OF THE		2-1112449	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Finar	ncial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		_1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	<b>2</b> a		
þ	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIV )	4b		
С	Add lines 4a and 4b	<u></u>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial St	atements With Exp	enses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV )	4b		
	Add lines 4a and 4b	<u> </u>	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	<u> </u>
	rt XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	rt III lines 1a and 4. Part	IV lines 1h	
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part			
	art to provide any additional information	7 (iii) 24 and 45 7 (io	o complete	
р	art to provide any additional information			
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Schedule D (F	orm 990) 2	2009	PUE	BLIC	CAL	OVO	CAT!	<b>S</b> O	F T	HE						5	2-1	112	244	19					Pag	e <b>5</b>
Schedule D (F	Supple	emen	tal In	form	ation	(co	ntinu	ed)																		
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**SCHEDULE J** 

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

PUBLIC ADVOCATE OF THE

UNITED STATES

Questions Regarding Compensation

Employer identification number 52-1112449

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? X 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6Ь If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 8 X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 PUBLIC ADVOCATE OF THE DATE OF THE Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdowr	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	-	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	Ę	other deferred compensation	benefits	(B)(ı)–(D)	reported in prior Form 990 or Form 990-EZ
EUGENE DELGAUDIO	0 (i)	0	0	0	0	0	0
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PUBLIC ADVOCATE OF THE

52-1112449

Schedule J (Form 990) 2009 PUBLIC ADV

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Part III - Other Additional Information

THE PRESIDENT, EUGENE DELGAUDIO, OWNS EUGENE DELGAUDIO & ASSOCIATES, INC. HE RECEIVED A SALARY OF \$81,200 DURING 2009 PUBLIC ADVOCATE OF THE UNITED STATES PAYS EUGENE DELGAUDIO & ASSOCIATES, FROM EUGENE DELGAUDIO & ASSOCIATES, INC. INC FOR MANAGEMENT SERVICES.

#### SCHEDULE L

Part I

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization PUBLIC AD

PUBLIC ADVOCATE OF THE

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

UNITED STATES

Employer identification number

52-1112449

1 (a) Name of disqualified person (b) Description of transaction  Ye  2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  (c) Onginal pinncipal amount pinncipal amount pinncipal amount or form the organization?  To From  Yes No Yes No COMPENSATION ADVANCE  EUGENE DELGAUDIO & ASSOCIATES INC COMPENSATION ADVANCE  RECOMPENSATION ADVANCE  X 7,662  7,694  X X	d (g)	No
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  (c) Onginal pnncipal amount pnncipal amount pnncipal amount  (d) Balance due (e) In default? (f) Approved by board or committee?  To From  EUGENE DELGAUDIO & ASSOCIATES INC COMPENSATION ADVANCE  X 7, 662  7, 694  X X		
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  (c) Onginal pnncipal amount pnncipal amount pnncipal amount  (d) Balance due (e) In default? (f) Approved by board or committee?  To From  EUGENE DELGAUDIO & ASSOCIATES INC COMPENSATION ADVANCE  X 7, 662  7, 694  X X		
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  (c) Onginal pnncipal amount pnncipal amount pnncipal amount  Yes No Yes No  EUGENE DELGAUDIO & ASSOCIATES INC COMPENSATION ADVANCE  X 7,662  7,694  X X		
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  (c) Onginal pnncipal amount pnncipal amount pnncipal amount  Yes No Yes No  EUGENE DELGAUDIO & ASSOCIATES INC COMPENSATION ADVANCE  X 7,662  7,694  X X		
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under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  (c) Onginal pnncipal amount pnncipal amount pnncipal amount  Yes No Yes No  EUGENE DELGAUDIO & ASSOCIATES INC COMPENSATION ADVANCE  X 7,662  7,694  X X		
under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  (c) Onginal pnncipal amount pnncipal amount pnncipal amount  Yes No Yes No  EUGENE DELGAUDIO & ASSOCIATES INC COMPENSATION ADVANCE  X 7,662  7,694  X X		
Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  (c) Onginal puncipal amount  (d) Balance due (e) In default? (f) Approved by board or committee?  To From  Yes No Yes No  EUGENE DELGAUDIO & ASSOCIATES INC  COMPENSATION ADVANCE  X 7,662  7,694  X X		
Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  (c) Onginal puncipal amount puncipal		
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  (c) Onginal puncipal amount  (d) Balance due  (e) In default? (f) Approved by board or committee?  Yes No Yes No  EUGENE DELGAUDIO & ASSOCIATES INC  COMPENSATION ADVANCE  X 7,662  7,694  X X		
(a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  (c) Onginal puncipal amount  (d) Balance due  (e) In default? (f) Approved by board or committee?  Yes No Yes No  EUGENE DELGAUDIO & ASSOCIATES INC  COMPENSATION ADVANCE  X 7,662  7,694  X X		
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EUGENE DELGAUDIO	1	
PERSONAL TELEPHONE AND DELIVERY X 984 990 X X		X
		<u> </u>
Total ▶\$ 14,121		
Part III Grants or Assistance Benefitting Interested Persons.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 27		
(a) Name of interested person (b) Relationship between interested person and the	of assis	tance
organization	-	
Part IV Business Transactions Involving Interested Persons.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c		
(a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction	(e)	Sharing
interested person and the transaction	rev	of org enues?
organization	Yes	$\neg$
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization

PUBLIC ADVOCATE OF THE UNITED STATES

Employer identification number 52-1112449

Form 990, Part VI, Line 3 - Management Delegated

EUGENE DELGAUDIO, PRESIDENT OF PUBLIC ADVOCATE OF THE UNITED STATES, OWNS
ALL OF THE STOCK OF EUGENE DELGAUDIO & ASSOCIATES, INC. (EDA), A MANAGEMENT
CONSULTANT COMPANY, WHICH PROVIDES PROGRAM, ADMINISTRATIVE, FUND-RAISING
AND EDUCATIONAL SERVICES TO THE ORGANIZATION.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND THE ORGANIZATION'S
ATTORNEY BEFORE FILING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE BOARD OF DIRECTORS APPROVES CHANGES IN COMPENSATION PAID TO EUGENE
DELGAUDIO & ASSOCIATES, INC. AFTER REVIEWING A COMPARABILITY ANALYSIS
REPORT PREPARED BY WILLIAM J. OLSON, P.C., A VIRGINIA LAW FIRM WHICH HAS
MANY YEARS OF EXPERIENCE DEALING WITH NONPROFIT ORGANIZATIONS.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Virginia, Washington, West Virginia, Wisconsin

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT ROUTINELY MADE AVAILABLE TO THE PUBLIC, HOWEVER, THEY ARE AVAILABLE UPON REQUEST.

Page 2

Name of the organization

PUBLIC ADVOCATE OF THE

Employer identification number 52-1112449

Schedule O - Additional Information

IN 2010, THE LOANS REPORTED IN SCHEDULE L WERE APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS AND REDUCED TO WRITING IN THE FORM OF PROMISSORY NOTES MADE PAYABLE TO THE ORGANIZATION BY THE END OF 2010.